

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hch</i>		07-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A-S</i>	943	1-7-2
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	.....	Rejected	N	.....	Non-elected
=	.....	Allowed	I	.....	Interference
—	(Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1		3/1/02	
2		9/23/02	
3		6/10/03	
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27			
28	✓		
29	N		
30	N		
31	✓		
32	✓		
33	✓		
34	N		
35	✓		
36	✓		
37	✓		
38	✓		
39	✓		
40	✓		
41	✓		
42	✓		
43	N		
44	N		
45	✓	A	
46	✓	A	
47	✓	A	
48	N	A	
49	✓	A	
50	✓	A	

Claim		Date
Final	Original	
51	N	
52	✓ N	
53	✓ N	
54	✓ N	
55	✓ N	
56	✓ N	
57	✓ N	
58	✓ N	
59	✓ N	
60	✓ A	
61	✓ A	
62	N	
63	N	
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Claim	Date
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**If more than 150 claims or 10 actions
staple additional sheet here**

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